

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

31743

Registration District No.

140

Primary Registration District No.

5542

Registrar's No.

60

1. PLACE OF DEATH:

(a) County HOWARD
(b) City or town RURAL Agbee, Boone, Fanning
(c) Name of hospital or institution:
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 210
In this community LIFE TIME (Specify whether years, months or days)

3. (a) PRINT FULL NAME CYNTHIA J. LAY

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 1 Color or race W

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife WILLIAM F. LAY

6. (c) Age of husband or wife if alive years

7. Birth date of deceased NOV 21 1958
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 9 16 hr. min.

9. Birthplace HOWARD COUNTY Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business

MOTHER FATHER { 12. Name JOSEPH. MYERS
13. Birthplace not known 9
(City, town, or county) (State or foreign country)
14. Maiden name MARY WILLIAMS
15. Birthplace HOWARD COUNTY Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mild Wheeler

(b) Address Howard County

17. (a) Burial (b) Date thereof 9-9-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Myers Chapel

18. (a) Signature of funeral director S. S. Miller

(b) Address Agbee, Mo.

19. (a) 9-9-1943 (b) Ernest M. Miller
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard
(c) City or town Rural Agbee
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 7
year 1943 hour 12 minute 45 AM.

21. I hereby certify that I attended the deceased from Aug 1943 to Sept 7 1943
that I last saw him alive on Sept 7 1943
and that death occurred on the date and hour stated above.

Immediate cause of death

gastric ulcers

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) none
(b) Date of occurrence
(c) Where did injury occur? none
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature J. H. Miller (M. D. or other)
Address Agbee, Mo. Date signed 9/9-43

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1321

RECEIVED

District Health Officer No. 8.

District File Number

Date Filed

10-7-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Registered Apprentice No.

working under my personal supervision.

Signed

E. W. Freeman

Licensed Embalmer No.

3978

P. O. Address

W. W. Moore

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.